## Jack E. Kirksey Recreation Center Refund Application

Refunds for instructional classes will be considered only if requested in writing. Please see refund policy below for eligibility rules.

Participants Name:					
Are you a Kirksey Recreation				No	
Parent/Guardian Name/Pa	<b>yer</b> (If participation)	ant is under 18	years of age):		
Address					
	y/State Zip Code				
hone: PrimaryCell					
*Reason for refund:					
Reason for refund.					
		•			
*(If refund is for medical reas	son(s), please tivity to be			ntation)	
ACTIVITY NAME	DAY		IME	FEE	
7.6127211 17.112					
	DEFLIND				
	REFUND I	POLICY			
Cancelled by Department:	Full Amo	ount of Class F	ee		
Customer Cancels: NEW!!!					
1. Cancel by 5:00 p.m	n., 1 week prior t	to 1st day of clas	SS:		
	less \$10 proces				
<ol><li>Less than one weel</li></ol>		day of class, no	later than the sta	art of the 2 <sup>nd</sup> class	
a. 50% of clas					
3. After the start of the	e 2 <sup>nd</sup> class				
a. NO refund					
Check refunds require 3-4 weeks to	o process. Refui	nds for annual n	nemberships will k	be made only in	
extraordinary circumstances upon w	vritten request. N	NO refunds on m	naterials fees, T-ba	all/coach pitch or	
girls' softball. Convenience fees	s for all online tra	insactions cann	ot be refunded for	any reason.	
Would you like this refund ap	plied to your	customer ac	count for futu	ıre use?	
	Yes - (	Or-	□ No		
	STAFF US				
Date & Time Received:		Staff	Name		
	SUPERVISOR'S	S USE ONLY			
		ss \$10.00	Less 50%	No Refund	
No RefundReason:Other:					
Supervisor's Initials:	Refun	nd Completed On	/By		